PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 | 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAR 24 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000052422

1. Corporation Name
MyS Coorporation

REINSTATEMENT 03-180

2. Principal Office Address	3. Mailing Office Address
3967 NE 168 st	3967 NE 168 st
Suite, Apt. #, etc. 302	Suite, Apt. #, etc. 302
City & State North Miami	City & State North Miami
Zip 33160 Country USA	Zip 33160 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 05/30/02

5. FEI Number 02-0603058 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: VIVIANA TAPIA

Street Address (P.O. Box Number is Not Acceptable): 16919 North Bay Rd #809

900073502769
05/01/06--01055--003 **60.00

Suite, Apt. #, Etc.:

City: Sunny Isles Beach State: FL Zip Code: 33160

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Viviana Tapia Date: 03/22/06
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director	MARCELO MACHADO	3967 NE 168 ST #302	NORTH MIAMI FL. 33160

Eckel MAR 29 2006

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: MARCELO MACHADO 03/20/06 - 3052499232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DUE TO MY CHANGE OF ADDRESS WE DID NOT RECEIVE MAIL FROM YOUR AGENCY.

SO, I AM ENCLOSING $600.00 AS PER OUR TELEPHONE CONERSATION.

MARCELO MACHADO
03/22/06